

APPENDIX F: INTERNAL ASSESSMENT DOCUMENTATION

This appendix provides examples of two types of installation EQA program documentation:

- EQA report that will be submitted to the Major Claimant
- Internal assessment documentation the installation should maintain

The examples are suggestions for how the documentation might be structured. It should be noted that the report formats presented in this Appendix are for illustration purposes only. The EQA program permits installations to develop, or Major Claimants to require, alternative formats.

For the sake of brevity, only the hazardous waste program at the unnamed installation is profiled in some of the examples.

**Installation XYZ
FY 00 IAP/EQA Report**

30 September 1999



Submitted to: [Major Claimant]

Submitted by: [Environmental Management Office]
[Activity Name]

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EQA Report: Program Area Status Summary				
OPNAVINST 5090 Chapter	Program/ Media Area	Rating	Explanation for “Inadequate” Rating	Initiatives to Correct
1	Program Management	●		
2	NEPA	○		
3	Pollution Prevention	●		
4	EPCRA	○		
5	Air	●		
6	ODS	●		
7	Wastewater	○		
8	Drinking Water	○		
9/10	SPCC/ Spill Response	●		
11	PCB	●		
12	Hazardous Waste	●	Marked increase in deficiencies due to personnel turnover.	Increase training frequency, review/update course.
12	Infectious Waste	●		
13	Pesticide	na		
14	Solid Waste	○		
15	Installation Restoration	na		
16	Underground Storage Tanks	●		
17	Noise	○		
20	EQA Program	●		
22	Natural Resources	●		
23	Cultural Resources	na		
24	Training	●	See Hazardous Waste	See Hazardous Waste
25	Sampling and Lab Testing	○		
26	Radon	○		
○ = Excellent ● = Needs Improvement ● = Inadequate na = Not Applicable				

NOTE: The symbols used in this chart can be accessed in Microsoft Word by clicking on “Insert” in the main menu bar at the top of the screen, then on “Symbol” in the drop-down menu, and then choosing the “Zapf Dingbats” font. Click on the desired symbol, and then click on the “Insert” button at the bottom of the dialog box. Font size can be adjusted as desired after the symbol has been inserted.

Summary of Problem Solving Efforts and Corrective Actions

The following problems were recognized during the period of 1 September 1998 through 1 September 1999 that were judged to require structured problem solving:

Problem Description	Status
Marked increase in deficiencies in the hazardous waste program (i.e., no accumulation start dates on drums, open bungs on drums, weekly inspections not being conducted, drums mislabeled).	Problem caused by an usually large turnover of personnel. Therefore, initial hazardous waste training will be offered twice a month for the next three months to ensure all new personnel are properly trained. Course content and presentation is also being reviewed to determine if updated materials or presentations are warranted. Course length may also be increased to ensure thorough understanding of the subject. Frequency of joint compliance evaluations/inspections will be increased to monitor improvements and provide any site-specific training needed.
Two EMD staff reported POL spills from their own automobiles.	Facilities Department will inspect automobiles in designated parking lots daily when temperatures exceed 90 degrees F in order to determine extent of problem. Until the problem is adequately defined, Facilities Department has sent staff to advise gasoline vendors to avoid overfilling tanks.
[Major Claimant] found that few vehicle maintenance shops on the installation maintain written procedures for handling hazardous wastes.	Written procedures for waste generators to follow have been available from the EMD but have not been requested. EMD has revised the written procedures into four versions appropriate for different types of waste generators and will distribute them during initial hazardous waste training (see first problem, above) and during joint compliance evaluations/inspections.
[Major Claimant] determined that few practice owners know that they should contact EMD for technical assistance when modifying or adding new practices.	The FY 00 EMS Review will focus on communication of environmental responsibilities among installation personnel.

During this period, a total of 33 deficiencies and other events were recorded that required fixes or solutions by this installation or its tenants. The sources of these findings and events break down as:

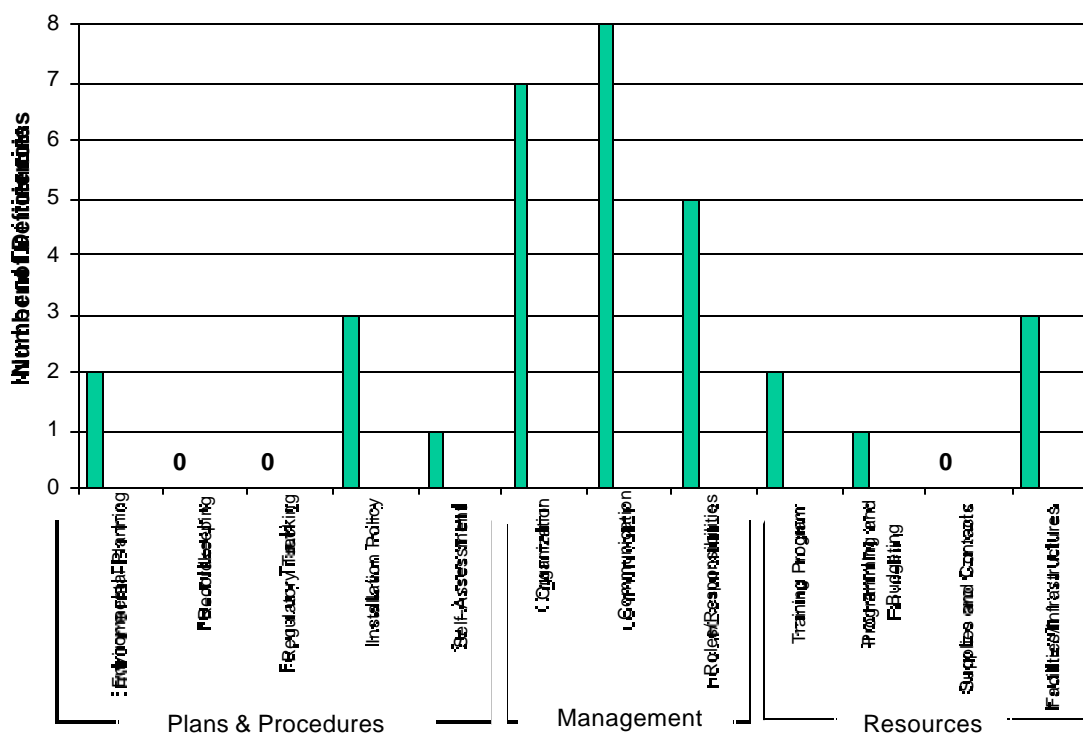
- 17 deficiencies were reported to EMD by practice owners.

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- 10 deficiencies were revealed by scheduled EMD compliance evaluations.
- 2 minor POL spills were reported.
- 3 recommendations were offered by [Major Claimant] for improvement of the EMS based on their External Assessment during July 1999.
- 1 deficiency was discovered by state officials during an unannounced inspection.

The assigned causes of the 33 deficiencies and other events indicated that the installation's EMS required improvement in the areas of Organization, Communications, and Roles/Responsibilities as indicated in the following frequency diagram. This result confirms the findings of the External Assessment.

With the exceptions of the problems noted above, all deficiencies have been corrected and management recommendations have been acted upon as of 1 September. Documentation for all problem solving exercises is available for review.



Histogram of Hypothetical Audit Findings Illustrating Statistical Root Cause Analysis

Status of Top 5 Environmental Issues/Concerns

- Deterioration of 10,000-gallon waste oil AST located near Building 25 jeopardizes integrity of tank.
- Failure of pump at lift station and collapse of adjacent iron pipe resulted in release of raw sewage to local creek
- P2 equipment installed in Building 51 is exceeding expectations to reduce air emissions from process XYZ. Please advise us of policies and procedures to procure and install additional similar equipment.

IAP Update

Changes in the IAP (Hazardous Waste program only) effective 30 September 1999 will be as follows:

- Environmental Department staff will inspect the permitted hazardous waste storage facility on a weekly basis because of increased scrutiny by state regulators.
- Hazardous waste satellite accumulation points at Buildings 56, 57, and 58 will be inspected weekly due to continuing compliance deficiencies.
- Hazardous waste satellite accumulation points at Buildings 54, 55, and 59 will be inspected monthly due to the difficulty these sites are having in achieving the EMS requirements.
- P2 initiatives implemented in Buildings 75, 76, 81, 89, 90 will be reviewed monthly to determine if the recently installed equipment is meeting anticipated effectiveness.

Approach to Scheduling Inspections and Compliance Evaluations

Installation XYZ has instituted a three-tiered approach to performing its internal assessment:

- EMD Director will review each environmental program's status annually, semi-annually, or quarterly as indicated in the Internal Assessment Planning Summary. Program reviews are staggered throughout the year.
- EMD program/media or their designated staff will review inspection results submitted by practice owners as submitted and will verify compliance status of each practice by means of on-site compliance evaluations on a variable frequency determined by risk and past compliance status. Minimum frequencies for on-site evaluations are indicated in the Internal Assessment Planning Summary. During FY 00 EMD staff will routinely schedule their on-site evaluations concurrently with practice owners' inspections in order to provide training on inspection techniques and documentation to practice owners' designated staff.
- Except where EMD is responsible (P2, culturally significant buildings, natural resource areas, and pesticide storage), inspections will be performed by practice owners at least as frequently as required by regulation and more frequently as indicated in the Internal Assessment Planning Summary.

Roles and Responsibilities

Inspections

Inspections will be conducted by staff designated by each practice owner. These designated staff will be tasked with reporting any discrepancies to EMD and with providing inspection results to EMD in a format and with a frequency determined by EMD's program/media manager.

Compliance Evaluations

With the exceptions of the potable water sanitary survey (Facilities Department) and asbestos program (Safety Department), compliance evaluations will be conducted by the EMD program/media managers as indicated in the Internal Assessment Planning Summary. EMD, Facilities, and Safety staff will work with the staff designated by practice owners, where applicable, to establish inspection procedures.

Problem Solving

The EMD P2 Manager will coordinate and document all problem solving exercises. Any disagreements over the procedures to be followed or the actions to be selected for implementation will be resolved by the EMD Director in coordination with practice owners, as appropriate.

EMS Review

The EMD Director will review the status of the Hazardous Waste and P2 programs quarterly, and the Clean Air and AST/UST programs annually.

Annually, the EMD Director will lead an in-house project to assess selected management components of the installations entire environmental effort. In FY 00, the assessment will focus on environmental job performance training for non-environmental specialists and communication of environmental responsibilities among installation personnel.

Sample Internal Assessment Planning Summary								
Program/ Media Area	Type of Practice	Location (Building number)	Inspection Frequency ¹ planned/ (required)	Inspection Responsibility	Local Priority	Compliance Evaluation Frequency	Compliance Evaluation Responsibility	Notes
Hazardous waste	Permitted HW storage facility	51	Weekly (Weekly)	Owner	High	Weekly	EMD HW manager	State inspector scrutiny
	Satellite accumulation points (Host)	56, 57, 58	Weekly (Weekly)	Owner	High	Weekly	EMD HW manager	Compliance problems
		54, 55, 59	Weekly (Weekly)	Owner	Medium	Monthly	EMD HW manager	
		9, 10, 13, 19, 21, 28	Weekly (Weekly)	Owner	Low	Quarterly	EMD HW manager	
	Satellite accumulation points (Tenant)	34, 35, 42, 52, 53, 64, 68, 69	Weekly (Weekly)	Owner	Low	Quarterly	EMD HW manager	
	RCRA-C program management	1	None	None	High	Quarterly	EMD Director	Reduce HW disposal costs 30% by FY02
Air	Asbestos removals	22 (school)	Daily (Daily)	Owner	High	Daily (1/11- 1/22)	Safety Dept.	Asbestos removal- Principal's office
	Asbestos surveillance	22 (school)	Semi-annual	Owner	High	Quarterly	Safety Dept.	
	Air emission sources	22, 33, 44, 77, 88	Monthly (Annually)	Owner	Low	Annually	EMD air manager	
	CAA program management	1	None	None	Low	Annually	EMD Director	

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Sample Internal Assessment Planning Summary (continued)								
Program/ Media Area	Type of Practice	Location (Building number)	Inspection Frequency ¹ planned/ (required)	Inspection Responsibility	Local Priority	Compliance Evaluation Frequency	Compliance Evaluation Responsibility	Notes
Waste- water	NPDES outfalls	61, 62, 63,	Quarterly	Owner	Low	Quarterly	EMD wastewater manager	NPDES permit requirement
	Wastewater treatment plants	12, 37	Weekly	Plant operators	Medium	Quarterly	Facilities Dept	
	CWA program management	1	None	None	Medium	Annually	EMD Director	Reduce permit exceedances by 50%
ASTs	Fuel off-loading facility	Pier 1	Daily (Monthly)	Owner	High	Weekly	EMD tank manager	High spill potential
	Fuel farm	32 (tanks 32-1, 32- 2, 32-3, 32-4)	Monthly (Annually)	Owner	Medium	Monthly	EMD tank manager	Large quantity of POL stored
	ASTs	3, 11, 17, 25, 31, 40, 48, 65, 78, 80, 84, 85	Monthly (Annually)	Owner	Low	Bi-annually	EMD tank manager	
USTs	USTs (Host)	15 (tanks 15-1, 15- 2, 15-3), 30 (tanks 30-1, 30-2, 30-3)	Monthly (Monthly)	Owner	Low	Annually	EMD tank manager	New USTs just installed
	USTs (Tenant)	72 (tanks 72-1, 72- 2, 72-3, 72-4)	Monthly (Monthly)	Owner	Low	Quarterly	EMD tank manager	Older tanks due for replacement
	AST/UST program management	1	None	None	Low	Annually	EMD Director	
Pollution Prevention	Recycling Center	14	None	None	Medium	Monthly	EMD P2 manager	
	Recycling drop-off points	36, 38, 45, 60, 82	None	None	High	Weekly	EMD P2 manager	Determine usage
	P2 initiatives	75, 76, 81, 89, 90	None	None	Medium	Monthly	EMD P2 manager	Evaluate success
	P2 program management	1	None	None	High	Quarterly	EMD Director	Implement 5 P2 projects in FY99

Sample Internal Assessment Planning Summary (continued)								
Program/ Media Area	Type of Practice	Location (Building number)	Inspection Frequency ¹ planned/ (required)	Inspection Responsibility	Local Priority	Compliance Evaluation Frequency	Compliance Evaluation Responsibility	Notes
PCBs	PCB storage facility	67	Weekly	Owner	Medium	Quarterly	EMD PCB manager	
	PCB Transformers (Host)	43, 46	Quarterly	Owner	Medium	Quarterly	EMD PCB manager	Eliminate PCB use by FY99
	PCB Transformers (Tenant)	47, 49	Quarterly	Owner	Medium	Quarterly	EMD PCB manager	Eliminate PCB use by FY99
Potable water	Back-flow preventors (Host)	4, 16, 24, 73, 74	Annually	Owner	Low	Annually	EMD wastewater manager	
	Sanitary survey	Base-wide	Annually	Owner	Low	Annually	Facilities Dept.	
Other	Infectious waste locations (Tenant)	29, 79	None	None	Medium	Monthly	EMD Director	Compliance problems
	Culturally significant buildings	1,2, 7, 26	None	None	Low	Semi- annually	EMD Director	
	Natural resources areas	Training areas, Lake Steinberg, McVey Creek, Silva wetlands	None	None	Medium	Monthly	EMD Director	
	Pesticide storage facility	66	None	None	Low	Annually	EMD Director	
	EMS Review	1	None	None	High	Semi- annually	EMD Director	

Examples of Internal Assessment Documentation

- Internal Assessment Plan Schedule
- ACE Screens for an Individual Finding

HW Manager's Compliance Evaluation Schedule (first quarter CY 1999)				
JANUARY 1999				
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
4	5 36, 38, 45, 60, 82 14 22	6 9, 10, 13 61 66	7 51, 56, 57, 58 Pier 1 54, 55, 59	8
11	12 36, 38, 45, 60, 82 67 12, 37	13 6, 18, 27 29, 79	14 51, 56, 57, 58 Pier 1	15
18	19 36, 38, 45, 60, 82 22 15	20 19, 21, 28 22	21 51, 56, 57, 58 Pier 1 22	22
25	26 36, 38, 45, 60, 82 32	27 83, 86 5, 8, 20, 23	28 51, 56, 57, 58 Pier 1	29

Displayed schedule depicts data presented in the Sample Internal Planning Summary
 Numbers represent building numbers on installation

HW Manager's Compliance Evaluation Schedule (first quarter CY 1999, continued)				
FEBRUARY 1999				
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
1	2 36, 38, 45, 60, 82 14 33, 44	3 34, 35, 42 62 66	4 51, 56, 57, 58 Pier 1 54, 55, 59	5
8	9 36, 38, 45, 60, 82 12, 37	10 6, 18, 27 29, 79	11 51, 56, 57, 58 Pier 1	12
15	16 36, 38, 45, 60, 82 30	17 52, 53, 64 3, 11, 17	18 51, 56, 57, 58 Pier 1	19
22	23 36, 38, 45, 60, 82 32	24 83, 86 39, 41, 50	25 51, 56, 57, 58 Pier 1	26

Displayed schedule depicts data presented in the Sample Internal Planning Summary
 Numbers represent building numbers on installation

HW Manager's Compliance Evaluation Schedule (first quarter CY 1999, continued)				
MARCH 1999				
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
1	2 36, 38, 45, 60, 82 14 77, 78	3 68, 69, 75 63 66	4 51, 56, 57, 58 Pier 1 54, 55, 59	5
8	9 36, 38, 45, 60, 82 12, 37	10 6, 18, 27 29, 79	11 51, 56, 57, 58 Pier 1 1, 2, 7, 26	12
15	16 36, 38, 45, 60, 82 72	17 76, 81, 89, 90 43, 46, 47, 49	18 51, 56, 57, 58 Pier 1	19
22	23 36, 38, 45, 60, 82 32	24 83, 86 70, 71, 87	25 51, 56, 57, 58 Pier 1 25, 31, 40	26

Displayed schedule depicts data presented in the Sample Internal Planning Summary
 Numbers represent building numbers on installation

The screenshot shows the 'Evaluation' window with the 'Evaluation Response' tab selected. The top section contains fields for 'Evaluation Id:' (H001091001), 'Sequence #' (H2W-HWG F-00705-00000), 'Primary Evaluator:' (CHUNG, RUDI), and 'Primary POC:' (STEINBERG, TAMI). Below these are three tabs: 'Evaluation Response', 'Deficiency', and 'Recommended Corrective Action'. The 'Evaluation Response' tab is active, showing a 'Check List Question' (H2W-HWG F-00705-00000) and a 'Regulations' field (40 CFR 262.34(c)(1)(i)). The question is 'Are all containers in satellite accumulation areas kept closed except when adding or removing Hazardous Waste?'. The 'Response' is 'YES'. A 'Comment' field contains the text 'All drums observed at the satellite accumulation areas were closed.' and a 'Positive Comment?' checkbox is checked. At the bottom are buttons for 'Prev', 'Next', 'Add', 'Delete', 'List', 'Save', 'Cancel', and 'Close'.

Figure F-1: Evaluation Module of ACE—Evaluation Response Tab Showing “Yes” Response with Comment

The screenshot shows the 'Evaluation' window with the 'Deficiency' tab selected. The top section contains the same fields as Figure F-1. Below the tabs, the 'Deficiency' tab is active, showing a 'Checklist Question' (H2W-HWG F-00710-00000) and a 'Regulations' field. The question is 'Are Hazardous Waste containers in satellite accumulation areas marked with either the words "HAZARDOUS WASTE," or with words that identify the contents of the containers?'. The 'Deficiency' field is '1', 'Deficiency Type' is 'CLASS 1', and 'Prev Citation(s)?' is '1'. The 'Deficiency Location' section includes 'Command/Tenant:' (M/R), 'Building/Unit:' (423), 'Alternate Evaluator:' (CECE, JOHN), and 'Alternate POC:' (PETERS, O-RIS). The 'Deficiency Description' field contains the text 'Two of the four drums located at this satellite accumulation area were not properly labeled.' At the bottom are buttons for 'Prev', 'Next', 'Add', 'Delete', 'List', 'Save', 'Cancel', and 'Close'.

Figure F-2: Evaluation Module of ACE—Deficiency Tab

Evaluation

Evaluation Ids: N001090001 | Sequence #: H2W-HWG F-00710-00000 | Primary Evaluator: CHUNG, RUDI | Primary POC: STEINBERG, TAMI

Deficiency # 1 | Deficiency Type: CLASS 1 | Command/Tenant: HWR | Building/Unit: 123

Deficiency Description

Two of the four drums located at this satellite accumulation area were not properly labeled.

Tier: PLANS AND PROCEDURES

Tier2: Assessments or inspections are not conducted by trained or qualified professionals.

Recommended Corrective Action

Provide unit personnel additional training to ensure drums are properly labeled in the future. Suggest that all of the installation's satellite accumulation areas be inspected to determine extent of mis-labeling problem.

Prev Next Add Delete List Save Cancel Close

Figure F-3: Evaluation Module of ACE—Recommended Corrective Action Tab

Plan of Action & Milestone - Eval Id: N001090001 - Program: H2W-HWG

Installation Response | Corrective Action Documentation | HQ Response

Checklist Question H2W-HWG F-00710-00000

Are Hazardous Waste containers in satellite accumulation areas marked with either the words "HAZARDOUS WASTE," or with words that identify the contents of the containers?

Prev Next

Deficiency (Defc: 1 Type: F) Command: HWR Building/Unit: 123

Two of the four drums located at this satellite accumulation area were not properly labeled.

Prev Next

Recommended Corrective Action

Provide unit personnel additional training to ensure drums are properly labeled in the future. Suggest that all of the installation's satellite accumulation areas be inspected to determine extent of mis-labeling problem.

Status: COMPLETE Completion Date: 03/02/2000

All satellite accumulation areas were inspected and 8 of 44 drums were found to be improperly labeled. Copies of 40 CFR 264 Subpart I have been made and provided to the Officer in Charge of each unit that employs satellite accumulation areas.

List Refer# Save Cancel Close

Figure F-4: POA&M Module of ACE—Installation Response Tab

The screenshot shows the 'Plan of Action & Milestone' window with the 'Corrective Action Documentation' tab selected. The 'Problem/Cause' sub-tab is active. It contains two main sections: 'Problem Definition' and 'Cause Analysis'. Each section has a text area for input and a reference to Appendix E in the EQA Guide. The 'Problem Definition' section includes instructions to record evidence of requirements not being met and state objectives of corrective actions. The 'Cause Analysis' section includes instructions to describe how contributing causes were identified and what they were, identifying root causes. At the bottom, there are buttons for 'List', 'Refer #', 'Save', 'Cancel', and 'Close'.

Figure F-5: POA&M Module in ACE—“Problem/Cause” Fields on Corrective Action Documentation Tab

The screenshot shows the same 'Plan of Action & Milestone' window, but with the 'Planning' sub-tab selected. It contains three main sections: 'Develop Alternatives', 'Corrective/Preventive Action', and 'Develop Corrective/Preventive Action'. Each section has a text area for input and a reference to Appendix E in the EQA Guide. The 'Develop Alternatives' section includes instructions to list all measures considered to correct/prevent the problem and discuss how the list was narrowed down. The 'Corrective/Preventive Action' section includes instructions to describe evaluations and results if the best, permanent solutions were not obvious from the prior step. The 'Develop Corrective/Preventive Action' section includes instructions to define tasks, responsibilities, resources and solutions for implementation and follow-up. At the bottom, there are buttons for 'List', 'Refer #', 'Save', 'Cancel', and 'Close'.

Figure F-6: POA&M Module of ACE—“Planning” Fields on Corrective Action Documentation Tab

The screenshot shows a software window titled "Plan of Action & Milestone - Eval Id: N001091001 Program: HZW-HWG". It has three main tabs: "Installation Response", "Corrective Action Documentation", and "HQ Response". The "Corrective Action Documentation" tab is active and contains three sub-tabs: "Problem/Cause", "Planning", and "Implementation/Followup". The "Implementation/Followup" sub-tab is selected. It contains two text input fields. The first field is labeled "Implementation" and has a prompt: "Record actions taken and dates of completion. Address variations from the action as planned." The second field is labeled "Followup" and has a prompt: "Record the results of measures to monitor the effectiveness of actions taken. Do the results meet the objectives set at the beginning of the process?". Both fields contain placeholder text: "See Appendix E in the EQA Guide, Problem Solving Case Studies, (case studies #2 or #3) for examples of data that could be entered in this field." At the bottom of the window are buttons for "List", "Refer#", "Save", "Cancel", and "Close".

Figure F-7: POA&M Module of ACE—"Implementation/Followup" Fields on Corrective Action Documentation Tab